	PATENT A	APPLICATIO Effect	N FEE DE			ON RECOF	RD .		JIPL		011		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			75				Π	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		· 55			X\$ 9=		OR	X\$18=	990	
INDEPENDENT CLAIMS			minus 3 =		* 3			X40=		OR	X80=	240	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				.405				.070	240	
* If the difference in column 1 is less than zero, enter "0" in column 2								135=		OR	+270=	1911	
CLAIMS AS AMENDED - PART II								OTAL		OR	TOTAL	(140	
	C	(Column 1)	MENDED - PAHI II Column 2			(Column 3)		SMALL ENTITY		OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=	,	OR	X\$18=	φ.	
	Independent	*	Minus ***			=		X40=		OR	X80=	S	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							405			+270=	7	
					. •	٢	135=		OR	TOTAL	V V		
	•						AD	DIT. FEE		OR	ADDIT. FEE	4	
	(Column 1) CLAIMS		:		mn 2) (Column 3)				ADDI			ADDI	
NDMENT B		REMAINING AFTER AMENDMENT	t de comment de commen	PREVI	MBER OUSLY FOR	PRESENT EXTRA	,	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	•	OR	X\$18=	. 1	
AMEN	Independent	*	Minus	***	T OL AUA	=		X40=		OR	X80=		
_	FIRST PRESENTATION OF M		ULTIPLE DEPENDENT		I CLAIM			⊦135=		OR	+270=	The Array	
* .							AD.	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	ā	
	(Column 1) (Column 2) (Column 3)							· · · · · · · · · · · · ·	,,				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ï	
	Independent	*	Minus	***		=		X40=			X80=		
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
			Mha ant-:	····· • · · ·	- 40# ! ·	duma o	Ļ	-135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													